

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>Dwight Thomas</b>	COURT CASE NUMBER <b>07C6798</b>
DEFENDANT <b>Percy Coleman, et al.</b>	TYPE OF PROCESS <b>S/C</b>

<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Lieutenant Garbs</b>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>Stateville C.C., C/O Kathy Sandlin, Legal Dept. P.O. Box 112, Joliet, IL 60434</b>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

**Dwight Thomas, #2007-0027409**  
**Cook County Jail**  
**P.O. Box 089002**  
**Chicago, IL 60608**

Number of process to be  
served with this Form - 285Number of parties to be  
served in this caseCheck for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):**FILED**

**JAN 10 2008**  
**JAN 10 2008**  
**MICHAEL W. DOBBINS**  
**CLERK, U.S. DISTRICT COURT**

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

**12-21-07****SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>2 of 2</b>	District of Origin No. <b>24</b>	District to Serve No. <b>24</b>	Signature of Authorized USMS Deputy or Clerk <b>TD</b>	Date <b>12-21-07</b>
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I hereby certify and return that I ☒ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Address (complete only if different than shown above)

**Received signed waiver from LT. Garbs**  
**+ receipt of certified delivery (green card)**

Date of Service <b>12/27/07</b>	Time <b>am</b>
Signature of U.S. Marshal or Deputy <b>[Signature]</b>	

Service Fee <b>0</b>	Total Mileage Charges (including endeavors) <b>0</b>	Forwarding Fee <b>6.45</b>	Total Charges <b>6.45</b>	Advance Deposits <b>0</b>	Amount owed to U.S. Marshal or <b>6.45</b>	Amount of Refund <b>0</b>
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REMARKS:

**Mailed certified mail w/ waiver**  
**7007 0710 0000 9600 5189.**

## UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF ILLINOIS

(DISTRICT)

## Waiver of Service of Summons

TO: Dwight Thomas  
(NAME OF PLAINTIFF'S ATTORNEY OR UNREPRESENTED PLAINTIFF)

I, Lieutenant Garbs acknowledge receipt of your request that I waive  
(DEPENDANT NAME)  
service of summons in the action of Dwight Thomas vs. Percy Coleman, et al  
(CAPTION OF ACTION)  
which is case number 07C6798 in the United States District Court for the  
(DOCKET NUMBER)  
Northern District of Illinois  
(DISTRICT)

I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am acting) be served with judicial process in the manner provided by Rule 4.

I (or the entity on whose behalf I am acting) will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for objections based on a defect in the summons or in the service of the summons.

I understand that a judgment may be entered against me (or the party on whose behalf I am acting) if an answer or motion under Rule 12 is not served upon you within 60 days after December 21, 2007  
(DATE REQUEST WAS SENT)  
or within 90 days after that date if the request was sent outside the United States.

12-27-07  
DATELt. Garbs  
SIGNATUREPrinted/Typed Name: Lt. GarbsAs \_\_\_\_\_ of \_\_\_\_\_  
TITLE CORPORATE DEFENDANT

## Duty to Avoid Unnecessary Costs of Service of Summons

Rule 4 of the Federal Rules of Civil Procedure requires certain parties to cooperate in saving unnecessary costs of service of the summons and complaint. A defendant located in the United States who, after being notified of an action and asked by a plaintiff located in the United States to waive service of summons, fails to do so will be required to bear the cost of such service unless good cause be shown to its failure to sign and return the waiver.

It is not good cause for a failure to waive service that a party believes that the complaint is unfounded, or that the action has been brought in an improper place or in a court that lacks jurisdiction over the subject matter of the action or over its person or property. A party who waives service of the summons retains all defenses and objections (except any relating to the summons or to the service of the summons), and may later object to the jurisdiction of the court or to the place where the action has been brought.

A defendant who waives service must within the time specified on the waiver form serve on the plaintiff's attorney (or unrepresented plaintiff) a response to the complaint and must also file a signed copy of the response with the court. If the answer or motion is not served within this time, a default judgment may be taken against the defendant. By waiving service, a defendant is allowed more time to answer than if the summons had been actually served when the request for waiver of service was received.

**RETURN OF SERVICE**

Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE 12/28/07
NAME OF SERVER (PRINT) Kathy Sanden	TITLE Lit. Coord

Check one box below to indicate appropriate method of service

☒ Served personally upon the defendant. Place where served: P.O. Box 112, Joliet, IL
☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left: \_\_\_\_\_

☐ Returned unexecuted: \_\_\_\_\_

☐ Other (specify): \_\_\_\_\_
**FILED**

JAN 10 2008

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT**STATEMENT OF SERVICE FEES**

TRAVEL	SERVICES	TOTAL
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**DECLARATION OF SERVER**

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

12/28/07

Date

Kathy Sanden

Signature of Server

P.O. Box 112, Joliet, IL

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece or on the front if space permits.</li> </ul>	<p>A. Signature <u>Erma Allen</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Erma Allen</u> C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Stateville Correctional Center c/o Kathy Sandlin P.O. Box 112 Joliet, IL 60434</p> <p>07 C 6798</p>	<p>B. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service if)</p>	<p>7007 0710 0000 9600 5189</p>

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-1540